



**COUNSELOR OF THE YEAR
NOMINATION FORM**

DUE DATE: MAY 1ST

CIRCLE NAME:		CIRCLE NUMBER:	
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COUNSELOR NAME:		YEARS OF SERVICE:	
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Please tell us why your Counselor is a worthy recipient for the **Counselor of the Year** award.

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CHIEF SQUIRE:		CIRCLE NOTARY:	
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Instructions: This nomination form must be filled out in its entirety by the Circle Notary and reviewed by the Chief Squire. Please save a copy of this completed form for your records. **When submitting your application to the State Squires Director, please name your file in the following format: "CircleName-CircleNumber-CounselorOfTheYear.pdf"**